



Green Energy Fund ARRA Relief Program Grant Application

Division of Energy and Climate
1203 College Park Drive, Suite 101, Dover, DE 19904
Phone: (302) 735 - 3480 & Fax (302) 739 - 1840

Photovoltaic

Residential Applicants

Applicant Information

Name Energy Audit Attached (required for all applicants): []

Email:

Phone:

Installation Address:

City: State: Zip code:

Mailing Address:

City: State: Zip code:

Electric Utility: Last 12 Months: KWH usage

Rebate Designee: (If other than applicant)

Name:

Email:

Daytime Phone: Evening Phone:

Mailing Address:

City: State: Zip code:

Contractor:

Name: DE Business License #

Email:

Daytime Phone:

Mailing Address:

City: State: Zip code:

Licensed Installation Professional (Electrician, Plumber, HVAC Contractor)

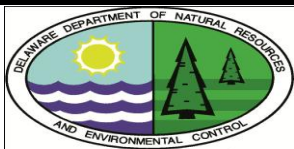
Name: DE Business License #

Email: Professional License #

Daytime Phone: Professional License Issuing State:

Mailing Address:

City: State: Zip code:



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Applicant Information

Name:

System Characteristics

Installation type: Check one	<input type="checkbox"/> New Construction	<input type="checkbox"/> Existing Construction		
System Type: Check one	<input type="checkbox"/> Utility Interconnected	<input type="checkbox"/> Stand - Alone	<input type="checkbox"/> Utility Interconnected w/ battery	<input type="checkbox"/> Stand - Alone w/ battery
Installation type: Check one	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Ground mount	<input type="checkbox"/> Tracking	
Array Orientation:	degrees	Array Tilt:	degrees	
Module Manufacturer:		Module Model #		
Module Power Rating:	(DC Watts at PTC)	Number of Modules:		
Total Array Output:	(Modules x Power Rating)			
Inverter Manufacturer:		Inverter Model #		
Inverter Power Rating:	(AC Watts)	Number of Inverters:		
Inverter Efficiency:		Inverter Location:		
System Rated Output:	AC Watts (Total Array Output x Inverter Peak Efficiency)			
Estimated Annual Production (kwh):				

System Cost

Material Cost:	Permits:	
Labor Cost:	Other Fees:	Total System Cost:

Rebate Calculation - (Maximum Award - \$15,000.00)

(1) First 5000 watts (w) x \$1.25/(w)		
(2) Second 5000 (w) x \$0.75/(w)		
(3) 10,001 - 50,000 (w) x \$0.35/(w)		
Total Request: (1) + (2) + (3)		

Grant Application Declaration of Understanding - I understand and agree that:

- 1) the information provided on this form is true and correct to the best of my knowledge
- 2) the State of Delaware and its agents provide no warranty for this system
- 3) all warranties are provided by the installing contractor and shown on the final invoice as minimum 5 years parts and labor
- 4) my renewable energy system may be subject to inspection by the state or its agents prior to or after grant payment
- 5) I must comply with all ARRA Relief Program rules and requirements to be eligible for funding
- 6) I must complete an energy audit and at least \$500.00 of energy efficiency improvements as recommended in the audit Energize Delaware Home Performance with Energy Star (HPwES) Program in order to be eligible for funding
- 7) my installer MUST complete the Renewable Energy Job Hours Reporting Worksheet when installation is complete and this form must be submitted with final grant documentation in order to be eligible for ARRA Relief Program funding
- 8) I will not receive grant payment until Energize Delaware approves my HPwES Program application
- 9) If I choose not to complete the ARRA Relief Program requirements I will be required to resubmit an application for the traditional Green Energy Program funds offered through my electric utility
- 10) my application must be submitted to the Green Energy Program Team by November 1, 2011 to be eligible for funding and the installation of my system must be completed and all final application materials **must be submitted by March 1, 2012.**

Signatures

Purchaser

Contractor

Printed Name:

Printed Name:

Signature :

Signature: